APPLICATION #	DATE
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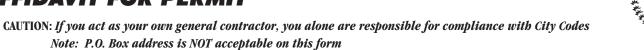
City of Columbus | Department of Development | Building Services Division | 757 Carolyn Avenue, Columbus, Ohio 43224

BUILDING PERMIT APPLICATION

**	Columbus, Olio	* <u>*</u>
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A.A.	********* TÜTA	E TE

GOMMORE FAMILY RESIDENTIAL MISC. (PLEASE SPECIFY)	☐ 1-, 2-, or 3-FAMILY RESIDENTIAL ☐ 4 (OR MORE) FAMILY RESIDENTIAL		# V)	
Consideration for the assessment of a single \$30.00 Application Verification Pee will only be assessed to the first permit request processed.) Consideration for the SAME ADDRESS at the SAME TIME. This fee will be assessed to the first permit request processed.) City	,	inioo. (I harde of boil		
will only be made to applications submitted for the SAME ADDRESS at the SAME TINE. This fee will be assessed to the first permit request processed.) ADDRESS OF JOB City		the are security at the		
Unit/Suite # Bldg #/Lot # Tax District/Parcel # Subdivision, Complex Name PROPERTY OWNER OF RECORD Street Address	will only be made to applications submitted for the SAM	ME ADDRESS at the SAME TIME.	submitted for the SAME ADDRESS at th	e SAME TIME.
Subdivision/Complex Name PROPERTY OWNER OF RECORD Telephone Sireet Address City/State	ADDRESS OF JOB	City	Zip Code	
Street Address City/State Zip Code ARCHITECT/ENGINEER Telephone FAX Street Address City/State Zip Code ARCHITECT/ENGINEER Telephone FAX Street Address Telephone Telephone FAX Street Address Telephone Telephone Telephone Footst Of Construction Telephone Telephone FROPPOSED WORK (USE OF BUILDING / PROPERTY) COST OF CONSTRUCTION \$ AREA OF CONSTRUCTION SQ FT DUNDATION PERMIT REQUESTED? Yes No PHASED CONSTRUCTION? Yes No Request for:	Unit/Suite # Bldg #/Lot #	Tax District	/Parcel #	
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Street Address City/State Zip Code E-mail Address City/State Zip Code E-mail Address City/State Zip Code Street Address City/State Zip Code Street Address City/State Zip Code License/Registration # Expiration Date E-Mail Authorized Signer Print Name DESCRIBE EXISTING USE OF BUILDING / PROPERTY PROPOSED WORK (USE OF PROPERTY) COST OF CONSTRUCTION \$ AREA OF CONSTRUCTION SQ FT DUNDATION PERMIT REQUESTED? Yes No PHASED CONSTRUCTION? Yes No Request for: Footer Foundation to Grade Only Prior CBO Approval required/Attached If Yes, Project # of total phases Electric HYAC-R Plumbing APPLICANT SIGNATURE DATE PREASE PRINT RELATIONSHIP TO OWNER SELF CONTRACTOR AGENT E-MAIL ADDRESS- TELEPHONE NUMBER FAX NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER TELEPHONE NUMBER FAX NUMBER TELEPHONE NUMBER				
Street Address E-mail Address CONTRACTOR Telephone FAX Street Address City/State License/Registration # Expiration Date E-Mail Authorized Signer Print Name DESCRIBE EXISTING USE OF BUILDING / PROPERTY PROPOSED WORK (USE OF PROPERTY) COST OF CONSTRUCTION \$ AREA OF CONSTRUCTION \$ SQ FT PUNDATION PERMIT REQUESTED? Yes No PHASED CONSTRUCTION? SQ FT Prior CBO Approval required/Attached If Yes, Project # Check all that apply (Separate permits are required for each) Electric HVAC-R Plumbing APPLICANT SIGNATURE DATE PLEASE PRINT RELATIONSHIP TO OWNER SELF CONTRACTOR AGENT E-MAIL ADDRESS TELEPHONE NUMBER FAX NUMBER FAX NUMBER	Street Address	City/State	Zip Code	
CONTRACTOR Telephone FAX Street Address City/State Zip Code License/Registration # Expiration Date E-Mail Authorized Signer Print Name DESCRIBE EXISTING USE OF BUILDING / PROPERTY PROPOSED WORK (USE OF PROPERTY) COST OF CONSTRUCTION \$ AREA OF CONSTRUCTION SQ FT DUNDATION PERMIT REQUESTED? Yes No PHASED CONSTRUCTION? Yes No Request for: Fouter Foundation to Grade Only Prior CBO Approval required/Attached Foundation with underground utilities included If Yes, Project # Check all that apply (Sepurate permits are required for each) Phase # of total phases Electric HVAC-R Plumbing APPLICANT SIGNATURE DATE FLENSE FRINT RELATIONSHIP TO OWNER SELF CONTRACTOR AGENT E-MAIL ADDRESS— TELEPHONE NUMBER—FAX NUMBER—	ARCHITECT/ENGINEER	Telephone	FAX	
Street Address	Street Address	City/State	Zip Code	
Street Address	E-mail Address			
License/Registration #Expiration DateE-Mail	CONTRACTOR	Telephone	FAX	
Authorized Signer	Street Address	City/State	Zip Code	
DESCRIBE EXISTING USE OF BUILDING / PROPERTY PROPOSED WORK (USE OF PROPERTY) COST OF CONSTRUCTION \$ AREA OF CONSTRUCTION SQ FT DUNDATION PERMIT REQUESTED? Yes No PHASED CONSTRUCTION? Yes No Request for: Footer Foundation to Grade Only Prior CBO Approval required/Attached Foundation with underground utilities included If Yes, Project # Of total phases of total phases Plumbing APPLICANT SIGNATURE DATE PLEASE PRINT RELATIONSHIP TO OWNER SELF CONTRACTOR AGENT FAX NUMBER	License/Registration #Exp	piration Date	E-Mail	
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Foundation with underground utilities included If Yes, Project #	DUNDATION PERMIT REQUESTED?	□ No PHASED C	ONSTRUCTION?	□ No
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E-MAIL ADDRESS— TELEPHONE NUMBER————————————————————————————————————	APPLICANT PLEASE PRINT	SIGNATUR <u>E</u>	DATE_	
TELEPHONE NUMBER————————————————————————————————————	RELATIONSHIP TO OWNER □ SELF □ CONTRACT	OR		
	E-MAIL ADDRESS			
SOFT ACCOUNT / PIN # AUTHORIZED SIGNATURE OF ACCOUNT	TELEPHONE NUMBER	FAX NUM	BER-	
	SOFT ACCOUNT / PIN #		AUTHORIZED SIGNATURE OF ACCOUNT	





* Columbus, Olio	
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PROPERTY OWNER OF RECORD	
Name (please print)	
Street Address	
	FAX #
E-mail Address	
AGENT FOR OWNER	
☐ TENANT ☐ ARCHITECT / ENGINE ☐ ATTORNEY ☐ PLAN SERVICE FIRM	
Name (please print)	
Street Address	
City/State/Zip	FAX #
E-mail Address	
AFFIDAVIT	
(please check one) (please check o	
I am the □ owner of this □ 1-, 2-, or 3	-Family Residential
	Family Residential
that is located in the City of Columbus, Ohio at	
NUMBER STREET	APT. OR UNIT #
 I will not contract with anyone not licensed/registered 	by the City of Columbus to perform work requiring such license/registration.
	for electric, plumbing, refrigeration, heating, fire protection, and occupancy.
I will require licensed/registered contractors to obtain Neme and signature below most match applicant to	n their own permits when applicable. or property owner of record information on the attached Building Permit Application
	r property owner of record information on the attached buttuing rermit Application
I confirm that I have full approval and permission to	act on behalf of the property owner for the purpose of making permit application and/or
form. I confirm that I have full approval and permission to a performing the work described under the attached pe I understand that this affidavit is important and I have	ermit application as allowed by applicable Columbus City Codes.
T understand that this amdavit is important and I have	e told the fruit on it and an attached papers.
PRINT NAME	SIGNATURE
Sworn to before me and signed in my presence this	day of , in the year
0 /1	
Notary Seal Here	NOTARY PUBLIC OR BUILDING SERVICES DIVISION OFFICIAL

FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.

APPLICATION #	DATE
APPLICATION #	DATE

City of Columbus | Department of Development | Building Services Division | 757 Carolyn Avenue, Columbus, Ohio 43224

FOR OFFICE USE ONLY:



NG	Zoning:	Height District:		_Ordinance #:		
ZONING	Arch. Review District:		LDN #:		Overlay District:	
	Flood Zone:			Map Dat	te:	
COUNTER AND	Notes:			ln1 4 1	Claustone / Date	
ER	Adequacy Approval: S Worksheet:	_		I	Signature / Date	
UNI	Zoning:			1		
00	Plan Exam:			Plan Tracking [_
	Permit Description:			Codes used for R	Pavion	
	(Use) Occupancy Group			Coues used for N	<u>leview</u>	
	Construction Type					
	Insert Description Here:					
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EXAM AND PERMIT ISSUANCE						
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PLAN						
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	FLAT FEE ONLY Base Fee:		_ (+)Address Fee:	\$30.00	TOTAL	FEE =	
PAYMENT	CALCULATED FEE Base Fee:		(X) # of Units	(X) # of Units		= PREPAYMENT	
PAY	Square Foot for Fees Multiplier		Fees for Sq. Ft.	Fees for Sq. Ft. Address Fee(\$30.00 x # UNIT		BALANCE DUE	
		X	=	+			
	CASHIER LOG #						
	Corrections If Needed: Reasons:						
	Calculations:						
	Revised Balance Due:						
^q NECESSARY)	FLAT FEE ONLY Base Fee:		(+)Address Fee:	\$30.00	TOTAL	FEE =	
CORRECTED PAYMENT (IF NECESSARY)	CALCULATED FEE Base Fee:		(X) # of Units	(X) # of Units = PREPAYM		PAYMENT	
TED PA	Square Foot for Fees	Multiplier	Fees for Sq. Ft.	Address Fee(\$30.00 x # UNIT	rs)	BALANCE DUE	
REC		<u>x</u>	=	+			
COR	CASHIER LOG #						